

IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE

v.

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)
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)
)

NO. _____

**APPLICATION TO PROCEED IN FORMA PAUPERIS
WITH SUPPORTING DOCUMENTATION**

YOUR EMPLOYMENT AND INCOME DATA

1. NAME (First Middle Last)

2. BIRTH DATE (mo day yr)

3. SOCIAL SECURITY NO.

4. PHONE NOS.

- -

5. HOME ADDRESS:

6. HOW LONG AT CURRENT ADDRESS?

7. OWN OR RENT?

8. NAME AND ADDRESS OF CURRENT EMPLOYER:

9. TELEPHONE NUMBER OF EMPLOYER:

10. HOW LONG AT CURRENT EMPLOYMENT?

11. OCCUPATION (Describe what you do):

12. IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT:

13. CURRENT MONTHLY INCOME

Salary or Wages	\$
Commissions	\$
All Other Sources (<u>Pensions, Soc. Sec.,</u> <u>Rent, Interest, Dividends, Alimony, etc.</u>):	\$

TOTAL	\$

SPOUSE'S EMPLOYMENT AND INCOME DATA

1. NAME:	2. BIRTH DATE (mo day yr)
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3. SOCIAL SECURITY NO.	4. PHONE NOS.
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5. HOME ADDRESS: (if different from yours)

6. HOW LONG AT CURRENT ADDRESS?

7. NAME AND ADDRESS OF CURRENT EMPLOYER:

8. TELEPHONE NUMBER OF EMPLOYER:

9. HOW LONG AT CURRENT EMPLOYMENT?

10. OCCUPATION (Describe what you do):

11. IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT:

12. SPOUSE'S CURRENT MONTHLY INCOME

Salary or Wages	\$
Commissions	\$
All Other Sources (<u>Pensions, Soc. Sec.,</u> <u>Rent, Interest, Dividends, Alimony, etc.</u>):	\$

TOTAL	\$

NAME OF DEPENDENTS AND INCOME (if any)

Names:	Age:	Relationship:	Living With Whom?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING
CHILD SUPPORT PAYMENTS (exclude spouse) \$ _____

**TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE, AND
DEPENDENTS** \$ _____

ASSETS:

CASH \$ _____

CHECKING ACCOUNTS--TOTAL BALANCE (List Banks Below) \$ _____

SAVINGS ACCOUNTS--TOTAL BALANCE (List Banks Below) \$ _____

STOCKS AND BONDS \$ _____

REAL ESTATE--CURRENT FAIR MARKET VALUE
(List Locations Below)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REAL ESTATE \$ _____

VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL PERSONAL PROPERTY \$ _____

MOTOR VEHICLES

Year/Make	License No.	Current Value
-----------	-------------	---------------

_____	_____	\$ _____
-------	-------	----------

_____	_____	\$ _____
-------	-------	----------

_____	_____	\$ _____
-------	-------	----------

_____	_____	\$ _____
-------	-------	----------

TOTAL VALUE OF MOTOR VEHICLES

\$ _____

DEBTS OWED TO YOU (Give Name of Debtor)

_____	\$ _____
-------	----------

_____	\$ _____
-------	----------

TOTAL DEBTS OWED TO YOU

\$ _____

OTHER ASSETS (ITEMIZE)

_____	\$ _____
-------	----------

_____	\$ _____
-------	----------

_____	\$ _____
-------	----------

TOTAL OTHER ASSETS

\$ _____

TOTAL ASSETS

\$ _____

LIABILITIES:

NOTES (LOANS) PAYABLE TO BANKS (List Banks and Amount of Loans)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL LOANS PAYABLE TO BANKS \$ _____

NOTES (LOANS) PAYABLE TO OTHERS \$ _____

MORTGAGES PAYABLE ON REAL ESTATE \$ _____

CREDIT CARDS AND ACCOUNTS PAYABLE TO CREDITORS \$ _____

MEDICAL BILLS \$ _____

TAXES AND ASSESSMENTS PAYABLE \$ _____

OTHER LIABILITIES (Itemize)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL LIABILITIES \$

LIVING EXPENSES:*Monthly Payment**Balance Owning*

RENT or MORTGAGE PAYMENT (Indicate Which)

\$ _____

\$ _____

UTILITIES

a. Electricity

\$ _____

\$ _____

b. Water

\$ _____

\$ _____

c. Gas

\$ _____

\$ _____

d. Telephone

\$ _____

\$ _____

e. Other

\$ _____

\$ _____

FOOD

\$ _____

\$ _____

ALIMONY

\$ _____

\$ _____

CHILD SUPPORT

\$ _____

\$ _____

CHILD CARE

\$ _____

\$ _____

SCHOOL EXPENSES

\$ _____

\$ _____

AUTOMOBILE NOTE

\$ _____

\$ _____

AUTOMOBILE INSURANCE

\$ _____

\$ _____

AUTOMOBILE REPAIRS

\$ _____

\$ _____

GASOLINE

\$ _____

\$ _____

FURNITURE NOTE

\$ _____

\$ _____

CLOTHING

\$ _____

\$ _____

CABLE TELEVISION

\$ _____

\$ _____

LIFE INSURANCE

\$ _____

\$ _____

HOSPITALIZATION INSURANCE

\$ _____

\$ _____

DOCTORS

\$ _____

\$ _____

DRUGS

\$ _____

\$ _____

CREDIT CARDS (LIST/MONTHLY PAYMENTS)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

OTHER CHARGE ACCOUNTS OR CREDITORS

\$ _____

\$ _____

TAXES

\$ _____

\$ _____

ANY OTHER DEBTS (LIST)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL EXPENSES

\$ _____

I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.

Date

Signature